Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0910014	GIRL SCOUTS OF CT - CAMP CANDLEWOOD				NC	25	Р	GW
Local Address (w	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
29 BOGUS HILL I	ROAD	Connections			1			

Towns Served: NEW FAIRFIELD		,	<u>'</u>
Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility: DINING HALL WELL #1 (WSF ID: 21569)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/23/18 - 10/29/18		Complete
	11/26/18 - 12/2/18		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

11/26/18 - 12/2/18

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0910014	70910014 GIRL SCOUTS OF CT - CAMP CANDLEWOOD					25	Р	GW	
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
29 BOGUS HIL	L ROAD	Connections	S		1				
Towns Served	NEW FAIRFIELD								
Monitoring Requirements									

Water System Facility: DINING HALL WELL #1 (WSF ID: 21569)

E. Coli (3014) 1 triggered (TG) per period						
Sampling Point (Sampling Point ID)	1	Monitoring	Period C	Collection Perio	d Complia	nce Status
		1/29/19 - 2	2/4/19			
Water System Facility: DINING HALL WELL #2 (WSF ID: 21570)					
E. Coli (3014)				1 tri	ggered (TG)	per period
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance						
DINING HALL WELL #2 (2)	1	0/23/18 - 1	0/29/18			
	1	1/26/18 - 1	12/2/18			
	1	1/26/18 - 1	12/2/18		Cor	nplete
		1/29/19 - 2	2/4/19		Cor	nplete
Ot	her Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieve	d Date	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN		5/3	1/2019			
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN		5/3	1/2019			
Publi	c Notification R	equirem	nents			
	Compliance	Notice	Public N	otification	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
		_				

	Compliance	Notice	<u>Public No</u>	tification	PN Certification	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/23/18 - 1/31/19	2	1/18/2019	1/31/2019	1/28/2019	1/31/2019
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/27/18 - 1/31/19	2	2/17/2019	1/31/2019	2/27/2019	1/31/2019
E. Coli M&R Violation	11/26/18 - 12/2/18	3	3/6/2020		3/16/2020	
E. Coli M&R Violation	11/26/18 - 12/2/18	3	3/6/2020		3/16/2020	
E. Coli M&R Violation	10/23/18 - 10/29/18	3	3/6/2020		3/16/2020	

Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Sta
Facility IE)	ID	Description	Status	Dula		Asbestos	WQP 2 DE
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		BH65411	DINING HALL	Α	Υ			
		BJ45624	DINING HALL PREP SIN	Α	Υ			
		BJ45625	DINING KITCHEN LEFT	Α	Υ			
		BJ45626	DINING KITCHEN RIGHT	Α	Υ			
		BJ45627	MENS ROOM	Α	Υ			
		BJ68205	PREP SINK LEFT	Α	Υ			
		BJ68206	PREP SINK RIGHT	Α	Υ			
		BJ68208	LADIES ROOM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21569	DINING HALL WELL #1	2	WELL	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule								
PWS ID	WS ID PWS Name					ulation	Owner Type	Primary Source	
СТ0910014	GIRL SCOUTS OF CT - CAMP CANDLEWOOD			NC		25	Р	GW	
Local Address (where applicable)		Service	Residen	itial Comme	cial	Industria	al Combine	ed Agricultural	
29 BOGUS HILL	Connections		1						

Towns Served: NEW FAIRFIELD

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
21570	DINING HALL WELL #2	2	DINING HALL WELL #2	Α							
60651	ATMOSPHERIC TANK										

				Contact Inf	ormation				
Name				Organization	1		Job Title		
Ms. Michele Velez				Girl Scouts o	f Connecticut	Dir.	Property Svcs.		
Mailing Address Line	e One		Mailing Ad	ddress Line Two		Cit	y State	Zip Code	
20 Washington Ave	nue					North Haven	06473		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-239-2922	3329	203-239-	7220		800-922-2770	mvelez@gsof			
Contact Role(s): Ac	dministrative (Contact	,						
Name				Organization	1		Job Title		
Ms. Mary Barneby				Girl Scouts o	of Ct, Inc	Ceo			
Mailing Address Line	e One		Mailing Ad	ddress Line Two		Cit	y State	Zip Code	
340 Washington Str	eet					Hartford	СТ	06106	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
800-922-2770						customercare@gsofct.org			

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0910024	ICONS SPORTS BAR & GRILL				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
80 ROUTE 39		Connections			1			

Towns Served: NEW FAIRFIELD

Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Co	ompliance	Schedules
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Compliance Schedule Activity

Due Date

Achieved Date

RESPOND TO SANITARY SURVEY 2/2/2017

Public Notification Requirements

Compliance Notice <u>Public Notification</u> <u>PN Certification</u>

Violation/Situation

Period Tier Required Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

	_						_			-	
(Connectici	ut Depa	rtmei	nt of	Public	Health	Drir	nking	Water	Section	
	Wat	ter Qual	lity M	onit	oring a	nd Con	nplia	nce S	chedul	e	
PWS ID F	WS Name						Classif	ication I	Population	Owner Type	Primary Source
CT0910024	CONS SPORTS B	AR & GRILL					N	IC	25	Р	GW
Local Address (wh	ere applicable)				Service	Resider	itial Co	mmercia	l Industri	al Combine	ed Agricultural
80 ROUTE 39					Connection	ns		1			
Towns Served: NE	W FAIRFIELD						- ne	gan ca		u 	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
REVISED TOTAL C	OLIFORM RULE (RTCR) TT Vio	olation	12/2	2/16 - 7/19/1	7 2	7/2	2/2017	, , ,	8/1/2017	7
		Water Sy	ystem	Facili	ity and Sa	ampling	Poin	t Inver	ntory		
Water								To		and	
,	System Facility		Sampling	Point	Sampling P			Colif			Stage
Facility ID			ID		Description)	Sta	ıtus Rı	ile Rule	Tier Asbesto	s WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM		4		DISTRIBUTI	ON SYSTEM	1 /	۷ ۱	/		
00700 ENTRY	POINT		3		ENTRY POIN	NT	,	4			
21570 WELL			2		WELL		/	4			
57349 TREAT	MENT PLANT										
				Con	tact Info	rmation	1				
Name				0	rganization					Job Title	2
Mr. David Bernar	dini			80	Route 39 Ll	_C			Manager		
Mailing Address L	ine One		Mailing A	Addres	s Line Two				City	State	Zip Code
303 East 3Rd Stre	et							Mount '	Vernon	NY	10553
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email A	ddress		
914-879-4739		917-665-7	7608			914-664	-7600	dndberi	ո@yahoo.c	om	
Contact Role(s):	Administrative (Contact, Leg	al Contac	t							
Name				0	rganization					Job Title	9
80 Route 39 LLC											
Mailing Address L	ine One		Mailing A	Addres	s Line Two				City	State	Zip Code
80 Route 39								New Fa	irfield	СТ	06812

Contact Role(s): Owner

Extension

Business Phone

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0910034	CANDLEWOOD ISLE CLUB HOUSE				NC	25	Р	GW
Local Address (v	Service	Resider	ntial (Commercia	l Industri	al Combine	ed Agricultural	
55 LAKE DRIVE NORTH		Connections		1				

Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	o: 00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)	1 routine (RT) per quarte									
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19									
	1/1/20 - 12/31/20									
Othou Co	mpliance Schodules									

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
RESPOND TO SANITARY SURVEY	3/8/2014								
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/6/2014								
RESPOND TO SANITARY SURVEY	2/22/2019								

Public Notification Requirements											
	Compliance	Compliance Notice <u>Public Notification</u>				PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012	2/26/2019	6/24/2012	3/7/2019					
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/8/2012	2/26/2019	9/18/2012	3/7/2019					
Total Coliform M&R Violation	8/1/17 - 8/31/17	3	1/10/2019	2/26/2019	1/20/2019	3/7/2019					
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	12/28/2019	1/29/2019	1/7/2020	1/28/2019					
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	12/28/2019	1/29/2019	1/7/2020	1/28/2019					

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT0910034 CANDLEWOOD ISLE CLUB HOUSE					NC	25	Р	GW			
Local Address (\	Service	Resider	tial Commerc		al Industri	al Combin	ed Agricultural				
55 LAKE DRIVE I	Connections			1							

Towns Served: NEW FAIRFIELD

	,	Water Sy	stem Facil	ity and S	Sampling Poin	t Inve	ntor	У		
Water System Water Sy Facility ID 21571 WELL	ystem Facility	5	Gampling Point ID 2	Sampling Description	on Sto	Colij	tal form ule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPI
			Cor	ntact Info	ormation					
Name			0	rganization					Job Title	
Mr. Jeffrey Berman	1		Т	he Candlew	ood Isle Assn, Inc.		Pre	sident		
Mailing Address Lin	e One		Mailing Addres	s Line Two			Ci	ty	State	Zip Code
P.O. Box 380, Candl	lewood Isle					New Fa	irfield	i	СТ	06812
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	Email A	ddres	SS		
203-746-0220		203-746-0	220							
Contact Role(s): Le	egal Contact									
Name			0	rganization					Job Title	
Ms. Michelle O'con	inor		T	ax Dist of Ca	andlewood Isle		Offi	ce Adminis	trator	
Mailing Address Lin	e One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
P.O. Box 380						New Fa	irfield	ł	СТ	06812
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	Email A	ddres	SS		
203-746-0220		203-746-0	220			office@	cand	lewoodisle	.com	
Contact Role(s): Le	egal Contact									
Name				rganization					Job Title	
Ms. Joan Archer			С	andlewood	Isle Association		Adr	nin		
Mailing Address Lin	e One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
PO Box 380						New Fa	irfield	ł	CT	06812
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	Email A	ddres	SS		
203-746-3880										
Contact Role(s): A	dministrative C	Contact								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section								
	Water Qua	ality Monit	oring an	d Com					
PWS ID	PWS Name				Classific	ation P	opulation O	wner Type P	rimary Source
CT0910054	4 COTTON TAIL ROAD				NO		25	Р	GW
Local Address (where applicable)		Service	Resident	tial Cor	nmercial	Industrial	Combined	Agricultural
			Connections			1			
Towns Served:	NEW FAIRFIELD								
		Monito	oring Requ	uireme	nts				
Water System	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	• •							= =	per quarter
	Point (Sampling Point ID)			Monitorii			lection Perio		ance Status
Select from	m Inventory of Active Samplin	g Points		10/1/18 -					mplete
				1/1/19 -				Co	mplete
				4/1/19 -					
				7/1/19 -	9/30/19				
•	ameters (PPS) Point (Sampling Point ID)			Monitorii	na Perio	d Col	1 rd lection Perio		per quarter iance Status
	m Inventory of Active Samplin	g Points		10/1/18 -			icction i cito	<u> </u>	mplete
Sciectifol	Thirtentory of Active Sampling	18 1 011113		1/1/19 -					mpiete
				4/1/19 -					
				7/1/19 -					
Water System	n Facility: ENTRY POINT (WSF ID: 00700)		,,-					
-	Nitrite (NOX)							1 routine (F	RT) per year
	Point (Sampling Point ID)			Monitorii	ng Perio	d Col	lection Perio	=	ance Status
ENTRY PO	INT (3)			1/1/18 - :	12/31/1	8		Co	mplete
				1/1/19 - :	12/31/1	9		Co	mplete
				1/1/20 - :	12/31/2	0			
		Other C	ompliance	Sched	ules				
Compliance Sci	hedule Activity			L	Due Dat	2	Achieve	d Date	
RESPOND TO S	ANITARY SURVEY			2	2/1/2019	9			
CORRECTIVE A	CTION/CORRECTIVE ACTION P	LAN		Ç	5/2/2019	9			
		Public Not	ification R	Require	ment	S			
		С	ompliance	Notice	P	ublic Not	<u>ification</u>	PN Cer	<u>tification</u>
Violation/Situa			Period	Tier		uired	Performed	Due to DPH	
Total Coliform			/12 - 9/30/12	2		8/2012		10/28/2012	
	Water 9	System Facili	ity and Sar	mpling	Point	Inven	tory		
Water						Tota	al Lead an	d	
1	ter System Facility	Sampling Point		int		Colifo			Stage
Facility ID		ID	Description		Stat			er Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM					
		BS	BAR SINK		Α	Y		Υ	
		DOWNSTREAM			_				
		KSHS	KIT HAND SN		Α	Y		Y	
		KSTS	KIT SNK TRPL	SNK	Α	Y		Y	
		RRBAR	RR BAR		Α	Y		Υ	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

WITHIN 5 SERVICE CON

RR LADY ROOM

RR MENS RR

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RRLR

RRMR

UPSTREAM

Water Quality Monitoring and Compliance Schedule										
PWS ID	Cla	ssification	Population	Owner Type	Primar	ry Source				
CT0910054	4 COTTON TAIL ROAD				NC	25	Р	Œ	3W	
Local Address (Service	Residen	ntial	Commerci	al Industri	al Combin	ed Ag	ricultural		
		Connections			1					

Towns Served: NEW FAIRFIELD

		Water Sy	ystem	Facili	ty and S	Sampling Poi	int Ir	nvento	ry			
Water System Water S Facility ID	System Facility		Sampling ID		Sampling Descriptio		Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00700 ENTRY	POINT		3		ENTRY PO	INT	Α					
21573 WELL			2		WELL		Α					
				Con	tact Info	ormation						
Name				Or	ganization					Job Title		
Mr. Yoon Sup Son	g											
Mailing Address Li	ne One		Mailing	Address	Line Two			С	ity	State	Zip Code	
134-22 58Th Road							Flu	ıshing		NY	11355	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency Pho	ne En	nail Addre	SS			
718-463-3252						718-309-3248	3					
Contact Role(s): L	egal Contact, C	Owner	·				·					
Name				Or	ganization					Job Title		
Mr. Scott A. Biscot	:ti			Bis	scottis Risto	orante		Ow	ner of Bus			
Mailing Address Li	ne One		Mailing	Address	Line Two			С	ity	State	Zip Code	
4 Cotton Tail Road							Ne	w Fairfiel	d	СТ	06812	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency Pho	ne En	nail Addre	SS			
203-746-9900		203-746-	5403			203-994-3755	sco	scottybiscotti1@yahoo.com				
Contact Role(s):	dministrative	Contact				•						
Diagram water than fa	Harrita ar											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
СТ0910104	FIELDSTONE PLAZA	NC	25	Р	GW

Connections

Service

Combined

5/14/2011

2/19/2012

Agricultural

Residential Commercial Industrial

1

Towns Served: NEW FAIRFIELD

Total Coliform MCL Violation

Nitrate M&R Violation

88 ROUTE 37 #1

Local Address (where applicable)

Towns Served: NEW FAIRFIELD						
N	Monitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Perio	od Complic	ınce Status
Select from Inventory of Active Sampling Points	:	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	mplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Perio	od Complia	ınce Status
Select from Inventory of Active Sampling Points	:	10/1/18 - 12	2/31/18		Cor	mplete
		1/1/19 - 3/	/31/19		Cor	mplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate (1040)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Perio	od Complic	ınce Status
ENTRY POINT (3)		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Nitrite (1041)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Perio	od Complia	ınce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18	Cor	nplete	
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Publ	ic Notification R	equiren	nents			
	Compliance	Notice	Public N	Notification	PN Certi	fication
Violation/Situation	Period	Tier	Required			Received
Total Coliform MCL Violation	1/1/11 - 3/31/11	2	4/1/2011		4/11/2011	

	W	ater System Facili	ity and Sampling P	oint Ir	nventoi	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21576	WELL	2	WELL	Α					

2

2

5/4/2011

2/9/2012

3/1/11 - 3/31/11

7/1/11 - 9/30/11

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality	Monitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0910104	FIELDSTONE PLAZA				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
88 ROUTE 37 #	! 1	Connections			1			

Towns Served: NEW FAIRFIELD

VV	ater System Fa	acility and S	Sampling Poir	it Inver	itory			
Water System Water System Facility Facility ID	Sampling P ID	Point Sampling Descriptio	-	Tot Colife atus Ru	orm (ead and Copper Cule Tier	Asbestos	Stage WQP 2 DBPF
55844 PRESSURE STORAGE								
	(Contact Info	ormation					
Name		Organization					Job Title	
Dr. Ralph Manfredi		Fieldstone Pla	aza Condo Assoc.					
Mailing Address Line One	Mailing Ad	ldress Line Two			City		State	Zip Code
88 Route 37				New Fai	rfield		СТ	06812
Business Phone Extension	Fax 1	Mobile Phone	Emergency Phone	e Email A	ddress			
203-746-6551	203-746-8863							
Contact Role(s): Administrative Cor	ntact, Legal Contact							
Name		Organization					Job Title	
Fieldstone Plaza Condo Assoc. Inc								
Mailing Address Line One	Mailing Ad	ldress Line Two			City		State	Zip Code
C/O R Manfredi	88 Rte 37			New Fai	rfield		СТ	06812
Business Phone Extension	Fax I	Mobile Phone	Emergency Phone	e Email A	ddress			
Contact Role(s): Owner								
Name		Organization					Job Title	
Ms. Claire Luks		88 Route 37 #	# 1		Truste	ee		
Mailing Address Line One	Mailing Ad	ldress Line Two			City		State	Zip Code
.8 Bay Drive				New Fai	rfield		СТ	06812
Business Phone Extension	Fax I	Mobile Phone	Emergency Phone	e Email A	ddress			
Contact Role(s): Owner								

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			'D 111 Y	. 1.1	D . 1.	.	.		
	Connecticut De	partment of iality Monit						ection	
PWS ID	PWS Name	ianty Monit	oring an					vner Type Pr	iman, Caura
	1101101110	NACK CHOD			NC	οπ Ρομ	25	P PI	GW
CT0910304	NEW FAIRFIELD MOBIL SI	NACK SHUP	Comico	Dasidana		oueiel		· ·	
	(where applicable)		Service Connections	Resident			Industrial	Combined	Agricultura
94 ROUTE 37	NEW FAIREIE D		Connections		1				
Towns Served:	NEW FAIRFIELD								
		Monito	oring Requ	iiremei	nts				
Water Systen	n Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 ro	utine (RT) բ	oer quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Period	Collec	ction Period	d Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points		10/1/18 -	12/31/18			Co	mplete
				1/1/19 -	3/31/19			Co	mplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Physical Para	ameters (PPS)						1 ro	utine (RT) ¡	er quarter
Sampling	Point (Sampling Point ID)			Monitorin	ng Period	Collec	ction Period	d Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points		10/1/18 -	12/31/18			Co	mplete
				1/1/19 -	3/31/19			Co	mplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						:	L routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitorii	ng Period	Collec	ction Period	=	ance Status
ENTRY PC	DINT (3)			1/1/18 - 3	12/31/18			Co	mplete
				1/1/19 - 3	12/31/19			Co	mplete
				1/1/20 - 3	12/31/20				
Water Systen	n Facility: WELL (WSF IC	D: 21591)							
E. Coli (3014	1)						1 ro	utine (RT) ¡	er quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Period	Collec	ction Period		ance Status
WELL (2)				10/1/18 -	12/31/18			Со	mplete
				1/1/19 -	3/31/19				mplete
				4/1/19 -	6/30/19				
				7/1/19 -					
	Water	System Facili	ty and Sar			vento	ory		
Water						Total	Lead an	d	
•	ter System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBP

00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α RR RR GENERIC RR Α Υ Υ TRIPLESNK L TRIPLE SINK LEFT TRIPLESNK R TRIPLE SINK RIGHT Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 **ENTRY POINT** Α 21591 WELL 2 WELL Α 50460 TREATMENT PLANT 55998 PRESSURE STORAGE

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0910304	NEW FAIRFIELD MOBIL SNACK SHOP			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commer	cial Industri	al Combine	ed Agricultural
94 ROUTE 37		Connections		1			

			Contact Inf	ormation						
			Organization	า		Job Title				
ck			New Fairfiel	d Mobil	N	Manager				
dress Line One Mailing Add			Address Line Two		City		State	Zip Code		
					New Fairfi	ield	СТ	06812		
Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
	203-746-3	1843		203-470-8712	mobil0@aol.com					
	e One	e One Extension Fax	e One Mailing	Organization ck New Fairfiel e One Mailing Address Line Two Extension Fax Mobile Phone	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Ck New Fairfield Mobil Pone Mailing Address Line Two New Fairfield Extension Fax Mobile Phone Emergency Phone Email Address Line Two	Organization New Fairfield Mobil Manager e One Mailing Address Line Two City New Fairfield Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Ck New Fairfield Mobil Manager e One Mailing Address Line Two City State New Fairfield CT Extension Fax Mobile Phone Emergency Phone Email Address		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Dej Water Ou	partment of lality Monit				_				ction			
PWS ID PWS Name	lancy Monit	or mg an	u com	Classifi		_			er Type	Drin	nan, So	OUEC.
CT0910314 NEW FAIRFIELD TOWN PA	7BK			Classiii			25	UWII	L Type		GW	Juice
Local Address (where applicable)	nnt.	Service	Resident		mmerci		dustria	al (Combine	d	Agricul	tura
ROUTE 39		Connections		.iui CU	1	idi II	14431110	41	COMBINE	u /	, ignicul	cuid
Towns Served: NEW FAIRFIELD												
	Monite	oring Requ	uiremei	nts								
Water System Facility: DISTRIBUTION			un ennei									
Total Coliform (3100)							1	rout	ine (RT)) ne	r allar	rter
Sampling Point (Sampling Point ID)			Monitorii	na Perio	od C	Collect	ion Per		-		ice Sta	
Select from Inventory of Active Sample	ing Points		4/1/19 -	_								00.0
			7/1/19 -									
Physical Parameters (PPS)			, , -				1	rout	ine (RT) pe	er quar	rter
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	od C	Collect	– ion Per		-		ice Sta	
Select from Inventory of Active Sample	ing Points		4/1/19 -	_								
,			7/1/19 -									
Water System Facility: ENTRY POINT	(WSF ID: 00700)											
Nitrate And Nitrite (NOX)								1 r	outine ((RT)	per y	ear
Sampling Point (Sampling Point ID)			Monitorin	ng Perio	od C	ollect	ion Per	iod	Comp	olian	ice Sta	tus
ENTRY POINT (3)			1/1/18 - 3	12/31/1	18				C	Com	plete	
			1/1/19 - 3	12/31/1	19							
			1/1/20 - 1	12/31/2	20							
	Other C	ompliance	Sched	ules								
Compliance Schedule Activity			E	Due Dat	te		Achie	ved D	ate			
SEASONAL START UP COMPLETION			5	5/1/201	.9							
Water	System Facili	ity and Sa	mpling	Point	t Inve	nto	ry					
Water						otal	Lead (
System Water System Facility	Sampling Point		int			iform	Copp					tage
Facility ID	ID	Description					Rule	Tier	Asbesto	s W	/QP 2 L	DBPI
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO				Y						
	DOWNSTREAM			_								
	FIRSTAID	FIRST AID RO		P		Y			Y			
	RRF1	RR 1ST FLOO		A		Υ			Y			
	RRF2	RR 2ND FLOC		A		Υ			Y			
	UPSTREAM	WITHIN 5 SEI	RVICE CON	l A	4							
00700 ENTRY POINT	3	ENTRY POINT	Γ	P	4							
21592 WELL	2	WELL		Α	4							
	Con	tact Infor	mation									
Name	O	rganization							Job Title	<u>.</u>		
New Fairfield												
Mailing Address Line One	Mailing Address	s Line Two				Ci	ty		State	Z	Zip Cod	le
4 Brush Hill Rd		T			New F	airfiel	d		СТ		06812	<u>!</u>
Business Phone Extension F	ax Mobi	le Phone E	mergency	Phone	Email	Addre	SS					
Contact Role(s): Owner					1							

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C	onnectic	ut Depa	rtmen	it or	Public	Health	urii	nking	water	Sec	tion	
	Wat	ter Qua	lity Mo	onit	oring a	nd Con	nplia	ince S	chedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owne	er Type F	rimary Sourc
CT0910314 N	EW FAIRFIELD	TOWN PARK					NC		25		L	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommercia	l Industri	al C	ombined	l Agricultura
ROUTE 39					Connection	ns		1				
Towns Served: NE	W FAIRFIELD						·		,			
Name				Or	ganization						Job Title	
Ms. Susan L. Chap	man			То	wn of New I	Fairfield			First Selec	ctman		
Mailing Address Line One Mailing Add					Line Two	City State			State	Zip Code		
Town Hall			Rt. 39, 4 E	Brush H	sh Hill Road			New Fa	irfield		СТ	06812
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phone	Email A	ddress			
203-312-5600		203-312-	5610					schapm	an@newfa	irfield.	org	
Contact Role(s):	egal Contact		·									
Name				Or	ganization						Job Title	
Mr. Robert Rzasa				То	wn of New I	Fairfield			Director			
Mailing Address Li	ne One		Mailing A	ddress	Line Two			City			State	Zip Code
4 Brush Hill Road	ush Hill Road							New Fa	irfield		СТ	06812
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phone	ne Email Address				
203-312-5629		203-312-	5678					rrzasa@	newfairfie	ld.org		
Contact Role(s):	Administrative	Contact										

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	/S Name Classification Population Owner Type Primary Source									
СТ0910324	25 OLD ROUTE 37				NC	25	Р	GW			
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricu								ed Agricultural			
25 OLD ROUTE	37	Connections			1						

Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19	1 routi Collection Period	ine (RT) per quarter Compliance Status Complete			
Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19		Compliance Status			
10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19		Compliance Status			
10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19	Collection Period				
1/1/19 - 3/31/19 4/1/19 - 6/30/19		Complete			
4/1/19 - 6/30/19					
		Complete			
7/1/19 - 9/30/19					
11111 3130/13					
	1 routine (RT) per quart				
Monitoring Period	Collection Period	Compliance Status			
10/1/18 - 12/31/18		Complete			
1/1/19 - 3/31/19		Complete			
4/1/19 - 6/30/19					
7/1/19 - 9/30/19					
	1 rc	outine (RT) per year			
Monitoring Period	Collection Period	Compliance Status			
1/1/18 - 12/31/18		Complete			
1/1/19 - 12/31/19					
1/1/20 - 12/31/20					
	Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/19	1 routi Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 ro Monitoring Period Collection Period 1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20			

		Water System Facili	ty and Sampling P	oint Ir	ventor	ſy			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21593	WELL	2	WELL	Α					
59318	TREATMENT PLANT								
59320	BLADDER TANKS								

			Co	ontact Inf	ormation					
Name			Organization	1	Job Title					
Mr. Marc Lederma	n					Property Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City State				
36 Cedar Hill Rd						Gaylordsville CT C			06755	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
860-350-2827										
Contact Role(s): Le	egal Contact. O	wner	,							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut	t Depa	rtment o	of Public	Health	n Drii	nking	Water	Section	
	Wate	r Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0910324 2	5 OLD ROUTE 37					N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
25 OLD ROUTE 37				Connection	ıs		1			
Towns Served: NE	W FAIRFIELD							,		
Name			(Organization					Job Title	
Mr. Carl W. Hube	n		(Olde 37 Patio	& Grill			Manager		
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
25 Route 37							New Fa	irfield	СТ	06812
Business Phone	Extension	Fax	Mol	oile Phone	Emergenc	y Phone	Email A	ddress		
203-746-3700							cwh@o	lde37pandy	y.com	
Contact Role(s):	Administrative Co	ntact	,				-			

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C		'n l.P. ri	1.1	D .: 1	TA	7 - 1	C ' '		
	Connecticut De	_							1	
	Water Q	uality Monit	oring an	d Com	ıpliano	ce Sch	edule	9		
PWS ID	PWS Name				Classificat	ion Pop	ulation	Owner Typ	e Prir	mary Source
СТ0910394	SQUANTZ POND S.P./MA	AIN WELL			NC		200	S		GW
Local Address	(where applicable)		Service	Resident	tial Comn	nercial	Industria	I Combi	ned	Agricultura
ROUTE 39			Connections	5						
Towns Served	: NEW FAIRFIELD									
		Monito	oring Requ	ireme	nts					
Water Syste	m Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Colifo	rm (3100)						1	routine (F	RT) pe	er quarter
Sampling	g Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Peri	iod Cor	npliar	nce Status
Select fro	om Inventory of Active Samp	ling Points		4/1/19 -	6/30/19					
				7/1/19 -	9/30/19					
Physical Par	rameters (PPS)						1	routine (F	RT) pe	er quarter
Sampling	g Point (Sampling Point ID)		Monitorii	ng Period	Collec	tion Peri	iod Cor	npliar	nce Status	
Select fro	om Inventory of Active Samp	ling Points								
				7/1/19 -	9/30/19					
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1 routin	e (RT) per year
Sampling	g Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Peri	iod Cor	npliar	nce Status
ENTRY P	OINT (3)			1/1/18 - :	12/31/18	4,	/1-9/30		Com	plete
				1/1/19 - :	12/31/19	4,	/1-9/30			
				1/1/20 - :	12/31/20	4,	/1-9/30			
		Other Co	ompliance	Sched	ules					
Compliance S	chedule Activity			L	Due Date		Achiev	ed Date		
RESPOND TO	SANITARY SURVEY			3	/24/2019					
SEASONAL ST	ART UP COMPLETION			4	4/1/2019					
CROSS CONNI	ECTION SURVEY REPORT			3	3/1/2023					
	Wate	r System Facili	ty and Sar	npling	Point I	nvento	ory			
Water						Total	Lead a	ınd		
•	ater System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule 1	Tier Asbes	tos V	VQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION			Υ				
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SEF	VICE CON	I A					
00700 EN	TRY POINT	3	ENTRY POINT		Α					
21598 W	ELL	2	WELL		Α					
56676 HY	DROPNEUMATIC TANK									
		Con	tact Inform	nation						
Name		O	rganization					Job Ti	tle	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Deep-Engineering Unit

Mailing Address Line Two

Mobile Phone

860-205-7552

Supv Civil Engineer

State

CT

Zip Code

06480

City

david.cooley@ct.gov

Portland

Emergency Phone Email Address

860-424-3333

Mr. David Cooley

163 Great Hill Road

Business Phone

860-342-2215

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-344-2560

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name Classification Population Owner Type Primary Source CT0910394 SQUANTZ POND S.P./MAIN WELL NC 200 S GW Local Address (where applicable) Service Residential Commercial Industrial Combined ROUTE 39 Connections 5		Traiter & didinity 1 1011110	911118 6111	0. 0011	ipmemor.	901100101		
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural	PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
	СТ0910394	SQUANTZ POND S.P./MAIN WELL			NC	200	S	GW
ROUTE 39 Connections 5	Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
	ROUTE 39		Connections	5				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment of	Public H	lealth D	rinki	ng W	ater S	Section	ı		
	Water Qua	ality Monit	oring and	d Comp	lianc	e Sch	edule				
PWS ID	PWS Name			Cl	assificatio	on Popu	lation O	wner Type	Primary S	ource	
СТ0910414	ST. EDWARD RC CHURCH				NC	2	25	Р	GW		
Local Address	(where applicable)		Service	Residentia	Comme	ercial Ir	ndustrial	Combin	ed Agricu	ultural	
21 BRUSH HILL	LROAD		Connections		1						
Towns Served:	: NEW FAIRFIELD				,						
		Monito	oring Requ	irement	S						
Water Syster	m Facility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)								
Total Colifor	rm (3100)						1 r	outine (R	T) per qua	arter	
Sampling	Point (Sampling Point ID)			Monitoring	Collect	ion Perio	d Com	npliance Sta	atus		
Select fro	m Inventory of Active Samplin	g Points	:	10/1/18 - 12	2/31/18				Complete		
				1/1/19 - 3/	31/19				Complete		
				4/1/19 - 6/	30/19						
				7/1/19 - 9/	30/19						
Physical Para	ameters (PPS)						1 r	outine (R	T) per qua	arter	
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio	d Com	pliance St	atus	
Select fro	m Inventory of Active Samplin	g Points	:	10/1/18 - 12/31/18					Complete		
				1/1/19 - 3/	31/19				Complete		
				4/1/19 - 6/	30/19						
				7/1/19 - 9/	30/19						
Water Systen	n Facility: ENTRY POINT (WSF ID: 00700)									
	Nitrite (NOX)								(RT) per	-	
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio	d Com	npliance Sto	atus	
ENTRY PC	DINT (3)			1/1/18 - 12,	/31/18				Complete		
				1/1/19 - 12,	/31/19						
				1/1/20 - 12,	/31/20						
Water Syster	m Facility: WELL (WSF ID:	21599)									
E. Coli (3014	4)						1 r	outine (R	T) per qua	arter	
Sampling	Point (Sampling Point ID)			Monitoring		Collect	ion Perio	d Com	pliance St	atus	
WELL (2)			:	10/1/18 - 12	2/31/18				Complete		
				1/1/19 - 3/	31/19				Complete		
				4/1/19 - 6/							
				7/1/19 - 9/	30/19						
	Water 9	System Facili	ty and Sar	npling P	oint In	vento	ry				
Water System Wa Facility ID	iter System Facility	Sampling Point ID	Sampling Poil Description	nt	Status	Total Coliform Rule	Lead ar Coppe Rule Ti	r	sos WQP 2	Stage ? DBPR	
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	Α						
00700 ENT	TRY POINT	3	ENTRY POINT		Α						
21599 WE	LL	2	WELL		Α						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

54000 TREATMENT PLANT59316 BLADDER TANKS

Water Quality Monitoring and Compliance Schedule								
PWS ID			Clas	ssification	Population	Owner Type	Primary Source	
CT0910414			NC	25	Р	GW		
Local Address (where applicable) Service Residential Commercial Industrial Combined					ed Agricultural			
21 BRUSH HILL F	ROAD	Connections			1	1		

				Conta	ct Info	ormation					
Name				Orga	nization				Job Title		
Father Nick Cirillo				St Ed	dward Th	e Confessor Church					
Mailing Address Lin	e One		Mailing	Address L	ine Two			City State Zip			
21 Brush Hill Rd							New Fair	rfield	СТ	06812	
Business Phone	Extension	Fax		Mobile	Phone	Emergency Phone	Email Ac	ldress			
203-746-2200		203-746-	4856	203-400)-5284		Frnick@	@saintedwardchurch.org			
Contact Role(s): A	dministrative	Contact, Leg	al Conta	act							
Name				Orga	nization				Job Title		
Mr. Frank Caggiand)			Rom	an Cath	Diocese Bridgeport		Bishop			
Mailing Address Lin	e One		Mailing	Address L	ine Two			City	State	Zip Code	
238 Jewett Avenue							Bridgepo	or	СТ	06606	
Business Phone	Extension	Fax		Mobile	Phone	Emergency Phone	Email Ac	ldress			
203-372-4301											
Contact Role(s): Le	gal Contact		1			•	1				

Please note the following:

Towns Served: NEW FAIRFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	PWS Name Classification Population Owner Type Primary Sou									
CT0910554	FIELDSTONE COMMONS				NC	25	Р	GW			
Local Address	(where applicable)	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural				
3 ROUTE 39		Connections			1						

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)							
Total Coliform (3100) 1 routine (RT) per								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)	1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbe	Stage estos WQP 2 DBPR		
00500	GAC FILTER	5	ENTRY POINT	A					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		HSNAIL	HAND SINK NAIL SALON	Α	Υ	,	<i>(</i>		
		ORTHO KIT	ORTHO KITCHEN SINK	Α	Υ	,	1		
		ORTHO LAB	ORTHO LAB SINK	Α	Υ	,	1		
		ORTHOBACK	ORTHO BACK HAND SINK	Α	Υ	,	1		
		ORTHOBRUSHL	ORTHO TOOTH BRUSH R	Α	Υ	,	1		
		ORTHOBRUSHR	ORTHO TOOTH BRUSH L	Α	Υ	,	1		
		ORTHOCONSUL	ORTHO CONSULT RM	Α	Υ	,	1		
		ORTHODARKRM	ORTHO DARK RM SINK	Α	Υ	,	1		
		ORTHOHANDL	ORTHO HAND SNK L	Α	Υ	,	1		
		ORTHOHANDR	ORTHO HAND SNK R	Α	Υ	,	1		
		OTTHOSTERIL	ORTHO SETRILIZATION	Α	Υ	,	1		
		RRNS	RR NAIL SALON	Α	Υ	,	1		
		RRORTHO	RR ORTHODONTIST	Α	Υ	,	1		
		RRYOGA	RR YOGA	Α	Υ	,	(

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
CT0910554	FIELDSTONE COMMO	ONS				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
3 ROUTE 39			Connections			1			

Towns Served: NEW FAIRFIELD

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		stage DBPR	
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
22721	WELL	2	WELL	Α						
50462	TDEATMENT DI ANT									

Contact Information										
Name				Organization	l			Job Title		
Ms. Susan Huwer			Fieldstone Co	ommons		Treasurer-Condo Asso				
Mailing Address Lin	e One		Mailing Add	lress Line Two			City State Zip Code			
Fieldstone Commor	ıs		3 Route 39			New Fair	field	СТ	06812	
Business Phone	Extension	Fax	N	10bile Phone Emergency Phone Email Address						
203-746-2429 203-746-2420						shuwer@	စုsbcglobal.ne	et		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C			Clas	ssification	Population	Owner Type	Primary Source	
CT0915234 NEW FAIRFIELD SCHOOLS CONCESSION STAND				NC	100	L	GW	
Local Address (where applicable) Serv		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
54 GILLOTTI RO	AD	Connections			1			

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete

	1/1/20 - 12/31/20							
Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SEASONAL START UP COMPLETION	4/1/2018							
SEASONAL START UP CERTIFICATION	4/1/2018							
SEASONAL START UP COMPLETION	4/1/2019							

Public Notification Requirements									
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/18 -	2	7/14/2018		7/24/2018				
REVISED TOTAL COLIFORM RULE (RTCR)	4/2/18 -	3	6/14/2019		6/24/2019				
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	3/6/2020		3/16/2020				

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0915234 NEW FAIRFIELD SCHOOLS CONCESSION STAND				NC	100	L	GW	
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
54 GILLOTTI RO	AD	Connections			1			

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	3/6/2020		3/16/2020					

	Wa	ater System Facili	ty and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
56993	WELL 1	2	WELL 1	Α					
56997	PRESSURE TANK								

				Co	ntact Info	ormation				
Name					Organization		Job Title			
Ms. Susan L. Chapman Town of New Fairfield					r Fairfield		First Select	man		
Mailing Address Lin	e One		Mailing	g Addr	ress Line Two			City	State	Zip Code
Town Hall			Rt. 39,	4 Brus	h Hill Road		New Fai	rfield	СТ	06812
Business Phone	Extension	Fax		Mo	bile Phone	Email Ad	ddress			
203-312-5600		203-312-5	5610				schapma	an@newfair	field.org	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	(Connecticut Dep	artment of	Public H	lealth	Drink	ing Wa	ater Se	ction	
		Water Qua	ality Monit	oring an	d Com	pliand	e Sche	edule		
PWS ID		PWS Name				Classificat	ion Popu	lation Owi	ner Type P	rimary Source
CT0915244	4	249 ROUTE 39				NC	2	5	Р	GW
Local Addr	ess (w	here applicable)		Service	Resident	ial Comm	nercial In	dustrial	Combined	Agricultural
249 SHERN	ЛAN R	OAD (RT-39)		Connections		1	L			
Towns Serv	ved: N	EW FAIRFIELD			-					
			Monito	oring Requ	ıiremer	nts				
Water Sys	stem I	acility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Col	iform	(3100)						1 rou	itine (RT)	per quarter
Samp	ling P	oint (Sampling Point ID)			Monitorin	ng Period	Collecti	on Period	Compli	ance Status
Select	t from	Inventory of Active Samplin	g Points		10/1/18 -	12/31/18			Co	mplete
					1/1/19 -	3/31/19			Со	mplete
					4/1/19 -	6/30/19				
					7/1/19 -	9/30/19				
Physical	Paran	neters (PPS)						1 rou	itine (RT)	per quarter
Samp	ling P	oint (Sampling Point ID)			Monitorin	ng Period	Collecti	on Period	Compli	ance Status
Select	t from	Inventory of Active Samplir	g Points		10/1/18 -	12/31/18			Co	mplete
					1/1/19 -	3/31/19			Co	mplete
					4/1/19 -	6/30/19				
					7/1/19 -	9/30/19				
Physical	Paran	neters (PPX)						1 rou	itine (RT)	per quarter
Samp	ling P	oint (Sampling Point ID)			Monitorin	ng Period	Collecti	on Period	Compli	ance Status
Select	t from	Inventory of Active Samplir	ng Points		10/1/18 -	12/31/18				
					1/1/19 -	3/31/19				
					4/1/19 -	6/30/19				_
					7/1/19 -	9/30/19				
Water Sys	stem I	Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate A	nd Ni	trite (NOX)						1	routine (R	T) per year
Samp	ling P	oint (Sampling Point ID)			Monitorin	ng Period	Collecti	on Period		ance Status
ENTR'	Y POIN	IT (3)			1/1/18 - 1	12/31/18			Co	mplete
					1/1/19 - 1	12/31/19			Co	mplete
					1/1/20 - 1	12/31/20				
		Water 9	System Facili	ty and Sai	npling	Point Ir	nventor	у		
Water							Total	Lead and		
		r System Facility	Sampling Point		nt		Coliform	Copper		Stage
Facility ID			ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00501	WELL	1	2	WELL 1		Α				
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
			DOWNSTREAM	WITHIN 5 SEF	RVICE CON	l A				
			UPSTREAM	WITHIN 5 SEF	RVICE CON	l A				
00700	ENTR	Y POINT	3	ENTRY POINT		Α				
			Con	tact Infori	mation					
Name			0.	ganization					Joh Title	

Name Organization Job Title Mr. Justin R Merten-Slodowski Mailing Address Line Two Zip Code Mailing Address Line One City State 11 Southview Rd Newfairfield CT 06812 Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone

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	Commette	at Departme	iic of i ablic ii	Carti	יש.	111171111	5 vvacci	Section	
	Wa	ter Quality M	Ionitoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0915244	249 ROUTE 39			NC	25	Р	GW		
Local Address (v	vhere applicable)		Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
249 SHERMAN F	ROAD (RT-39)		Connections			1			
Towns Served: 1							·		
203 / 40 0000	5								

Contact Role(s): Administrative Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	ID PWS Name					Population	Owner Type	Prir	mary Source	
CT0915254	GIRL SCOUTS OF CT - CAMP CANDLEWOOD -	LH			NC	25	Р		GW	
Local Address (where applicable)	Residen	tial	Commerci	al Industri	al Combine	ed	Agricultural		
29 BOGUS HILL	. ROAD	Connections			1					

Towns Served:	NEW FAIRFIELD
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Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - OFFICE (WSF ID: 0	00700)		
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - OFFICE (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility	and Sampling Point In	ventory	

	V	Nater System Facili	ity and Sampling P	oint In	ventoi	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A					
		BH65412	LIGHTHOUSE	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - OFFICE	3	ENTRY POINT - OFFICE	Α					
57013	OFFICE WELL	2	OFFICE WELL	Α					
E9200	TDEATMENT DIANT								

58200	TREATMENT	DIANT

			Co	ontact Inf	ormation				
Name				Organization	 1		Job Title		
Ms. Michele Velez				Girl Scouts o	f Connecticut	Dir. Property Svcs.			
Mailing Address Lin	e One		Mailing Add	ress Line Two		City State Zip			Zip Code
20 Washington Ave	nue					North Ha	aven	СТ	06473
Business Phone	Extension	Fax	Me	obile Phone	Emergency Phone	Email Ac	ldress		
203-239-2922	3329	203-239-	7220		800-922-2770	mvelez@gsofct.org			
Contact Role(s): A	dministrativa	Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Lonnecticu	it Depa	irtment	of Public	Health	Drir	ıkıng	g water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0915254	GIRL SCOUTS OF	CT - CAMP	CANDLEWOO	D - LH		N	IC	25	Р	GW
Local Address (wl	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
29 BOGUS HILL R	OAD			Connection	ns		1			
Towns Served: NI	EW FAIRFIELD					,		·		
Name				Organization					Job Titl	e
Girl Scouts of Am	erica, Inc.									
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
340 Washington	Street						Hartfo	rd	СТ	06106
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address		
860-522-0163										
Contact Role(s):	Legal Contact O	wner	,				•			

A --- A - CD | bli - H - blb D - bli - MA-4 - C - ali-

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule